



STATEMENT
INDIANA DEPARTMENT OF LABOR
INDIANA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

2

I, [redacted], reside at [redacted] in the City of [redacted] County of [redacted] State of [redacted] ZIP code [redacted]
My telephone number is (area code) [redacted]
I have been employed by Sensur
located at [redacted]
office telephone (area code) [redacted]
My job classification is/was Compounder

THIS STATEMENT IS A PUBLIC RECORD AND AS SUCH IS COVERED UNDER STATUTES AND RULES ASSOCIATED WITH THE ACCESS TO PUBLIC RECORDS ACT (APRA). THIS STATEMENT IS SUBJECT TO RELEASE UNDER APRA AND IS NOT CONSIDERED A CONFIDENTIAL DOCUMENT.

I hereby dispose and say: No tape recorder Trade Secret

Trade Secret

Trade Secret

We use K numbers.

Trade Secret

Trade Secret

Trade Secret

How many calls -> conversion

Trade Secret

make 8 cal

Trade Secret

Trade Secret

is coming up to be run

Trade Secret

How much?

Trade Secret

even the big batches. Certain time - 5:00pm

Most

Trade Secret

Trade Secret

Trade Secret

Trade Secret

- all

Small batches on the left side of

IC 22-8-1-1-24-3

STATEMENT (Affirmation continued)

Statement of [REDACTED]

of the room as you walk into the room. The right side has a scale and large batches are done in there. Ventilation - elephant trunk, the whole room is ventilated. Ventilation always on. I turn them on. Elephant trunk position right above the scales - 15" above the right side. I stand in front of the scale.

Trade Secret

11 gal containers, poured it to a dipper - looks like a metal pitcher w/ a handle. Comes about half way up the pitcher. When dumping there's no ground wiring. Has anyone explain importance - NO. CSMD explains importance. Spark. [REDACTED] how you are to do it in-the-job training and MSDs.

Trade Secret

Trade Secret

Trade Secret

Trade Secret

Health problems - Not that I know of. Lung + skin problems - NO. ER tested lungs - spirometer 2 times a year. Results the nurse practitioner is consistent 93% and it's normal. Anyone else having lung + skin problem? - Don't know of anyone really. They probably are, but I don't know. Lung test? - Spirometry, no X-rays, no UOI, no biopsies. They listen to our chest and heart. People come in a van and set up (Methodist Hospital Set up in [REDACTED])

STATEMENT (Affirmation continued)

Statement of

an office. ER has done air sampling? Done it 5 or 6 times in the last 3 years.

Trade Secret

Trade Secret

I've been informed of the results by Mike Paulow (EHS). They compare to the previous samples. Don't tell if good, bad or indifferent. ER explain what 1 part per million compressed sized of football field. Haven't asked for a copy of sampling results. Salt Respirator, tiebic suit, butle rubber gloves. Full face respirator 3M.

Trade Secret

Trade Secret

like fit test for respirator 1/yr.

Respirator train how to use, keep it clean - those type of things. Don't put on organic vapor cartridge & yellow test - suck in on blow out - seal check. - Questionnaire now fills in for me if I take vacation.

IC 22-8-1-1-24-3

Spills - call the spill response team for large spills. Small spills wipe up or out in the trash.

Trade Secret

Trade Secret

Happen 4-5 years ago.

Have worked here for 5 years couple of years.

Trade Secret

Trade Secret

years. MSDS

from computer located at the stock desk. On MSDS list chemical by name on company that makes it.

Trade Secret

on same shift but different

patches. IC 22-8-1-1-24-3

20

IC 22-8-1-1-24-3

STATEMENT (Affirmation continued)

Statement of _____

IC
22-8-1
1-24.3

By placing my signature below and initials in various locations of this document, I am affirming that I made these statements to the CSHO whose signature is below and that I have read all of the statements in this document. Furthermore, I understand that it is a violation of Indiana Code § 22-8-1.1-37.1 to make a false statement, representation, or certification in any application, record, report, plan, or other document required pursuant to Chapter 1.1 of the Indiana Occupational Safety and Health Act (IOSHA).

I affirm under the penalties of perjury that the foregoing representations are true.

Signature: _____

9-28-11
Date (month, day, year)

Printed name of Compliance Officer: Donna Jacques

I affirm under the penalties of perjury that the foregoing is a true record of the testimony given by said deponent.

Signature of Compliance Officer: Donna Jacques

9/28/2011
Date (month, day, year)

Appendix F
CSHO Guidance for Employee Interviews

This appendix contains some questions that may assist CSHOs during employee interviews. This is not a specific questionnaire, but these questions may help to assess possible health issues in employees in the flavoring manufacturing industry. The questions do not need to be asked verbatim, but the topics can guide the interview. It is very important to ask employees questions about a history of cough or breathing problems, and specifically ask if employees have ever been diagnosed with airways obstruction or bronchiolitis obliterans. Please be aware that the answers to some of these questions may contain privileged medical information, which must be maintained in such a manner as to ensure employee confidentiality. The CSHO should also inform the employee that he/she is not a medical professional and cannot provide medical advice, diagnosis, or treatment to the employee. The CSHO can provide the letter in Appendix B for the employee to take to his/her physician.

A. Smoking history:

1. Do you currently smoke or have you smoked in the past? (If yes, ask how many packs/day and how long has the employee smoked, and when did the employee quit.)

Have smoked 20 years. Half a pack/day

B. Eye and Skin Irritation

Ask the employee about eye and skin irritation, and ask if the employee associates any symptoms with workplace exposure. For example:

1. Since working at the plant, have you had any symptoms of eye irritation, such as watery eyes, red eyes, burning or itching eyes? *Have glaucoma but eyes seem ok.*
2. Is there any exposure at work that you associate with eye irritation? *NO*
3. Have you seen a doctor for eye irritation? (If yes, ask if employee was given a specific diagnosis). *See 4 times a year for glaucoma, but not for eye irritations.*
4. Since working at this plant have you developed any skin problems, such as itching, rash, eczema, blisters, or burns? *NO*
5. Is there any exposure at work that you associate with skin problems? *NO*
6. Have you seen a doctor for skin problems? (If yes, ask if employee was given a specific diagnosis). *NO*

C. Respiratory Symptoms and History

Ask the employee about respiratory symptoms and ask if the employee associates any symptoms with workplace exposures. Be sure to specifically ask employees about breathing difficulty and coughing.

1. Do you usually have a cough? If yes, when did the cough start? *NO*
2. Have you seen a doctor for your cough? (If yes, ask if employee was given a specific diagnosis). *N/A*
3. Have you ever had any symptoms of wheezing when you breathe? If yes, when did the wheezing start? *NO*
4. Have you seen a doctor for your wheezing? (If yes, ask if employee was given a specific diagnosis). *NO*
5. Have you developed any trouble with your breathing, or do you ever feel short of breath? If yes, when did this start? *NO*
6. How often do you have trouble with your breathing? *N/A*
7. Does it ever get completely better? *N/A*
8. Do you have breathing trouble when walking up a slight hill, or going up a flight of stairs, or hurrying on level ground? (If yes, please have employee describe when they have breathing difficulty). *NO*
9. Have you seen a doctor for your breathing problems? (If yes, ask if employee was given a specific diagnosis). *NO*
10. Is there any exposure at work that you associate with any of your respiratory symptoms?

Ask employee if they have a history of any lung disease. Be sure to specifically ask about any diagnosis of airways obstruction and bronchiolitis obliterans.

1. Have you ever been diagnosed by a doctor with any lung or respiratory disease? For example: bronchitis, chronic bronchitis, pneumonia, emphysema, asthma, reactive airways disease. *NO*
2. If yes, what is your diagnosis and when were you diagnosed? *NO*
3. If yes, are you currently seeing a physician for this condition? *N/A*
4. Have you ever been told by a doctor that you had airways obstruction or bronchiolitis obliterans? *NO*
5. Have you ever been told you had a lung disease or lung condition related to workplace exposures, including exposure to food flavorings containing diacetyl? *NO*

Ask employee about former co-workers who developed respiratory illnesses. *NO*



STATEMENT
INDIANA DEPARTMENT OF LABOR
INDIANA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

I, [redacted] IC 22-8-1 1-24-3, reside at [redacted] IC 22-8-1 1-24-3, in the City of [redacted] IC 22-8-1 1-24-3, County of [redacted] IC 22-8-1 1-24-3, State of [redacted] IC 22-8-1 1-24-3, ZIP code [redacted] IC 22-8-1 1-24-3. My telephone number is (area code) [redacted] IC 22-8-1 1-24-3. I have been employed by Sensim located at [redacted] (number and street, city, state and ZIP code) office telephone (area code) [redacted] My job classification is/was Compounder [redacted] IC 22-8-1 1-24-3

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I hereby dispose and say: [redacted] IC 22-8-1 1-24-3 he comes around
where he works [redacted] IC 22-8-1 1-24-3 Trade Secret
Trade Secret [redacted] IC 22-8-1 1-24-3 Last year for HazCont
Trained on respirators how to wear. [redacted] IC 22-8-1 1-24-3 see
copy of List for See the list Document Request Form #2

Emergency spills call the emergency response teams
Work with large tanks 25-30 tanks. Don't go in
MSDS are located on computer file find status
on the material. New MSDS are the ones with exposure
let them look at the problems has a another best guess
best. Doesn't know of anyone else who is sick

STATEMENT (Affirmation continued)

Statement of

Trouble breathing - no one that you use. Don't know what symptoms. Don't know if there are problems with breathing away from work. No skin problems.

Trade Secret

Trade Secret

goes in [redacted] batches. It's used in a lot of batches. Can't be particular because I make large batches. [redacted] makes smaller batches.

Trade Secret

Trade Secret

substitute - not that I'm aware of.

Trade Secret

Handbook

Hazard's associated w/ [redacted] about Popcorn tang and then something on the news

Here about the case that came out

EE Training for [redacted] - not that I can tell you

Trade Secret

PPE: Hair net, beard net, safety glasses, steel toe boots. Wear latex gloves, colors orange, black, blue. Respirator training. Last trained by [redacted] last fit test a couple of weeks ago. Wear the respirator the only time during the fit test. Respirators are required for handling [redacted]

Trade Secret

[redacted] (per management). Fit test had a moustache but failed the fit test. When failed the fit test -

was sent back to work and company didn't take the respirator away. Haven't been told when he needs to go back to take the fit test. Methodist Occupational Health said that the respirator was leaking. Methodist does the fit test - respirator. Wear safety glasses.

nothing has splashed on eyes

IC 22-8 1-1

STATEMENT (Affirmation continued)

Statement of

lungs checked out by the spirometry test

No chest X-ray. How often do you get spirometry?

Once a year. Spirometry test - no one has told

him that one thing is wrong. Food flavorings flammable -

yes. Trade Secret should be stored in a flammable area.

Trade Secret

Trade Secret

is flammable gases

Possible

- Could be every day

to gather product. Do you transfer, yes transfer from large to smaller. No specific type - they're

flammable. Transfer process - use dipper, buckets

measures. Ground wires out there haven't used in

a while. Ventilation is out there. Elephant trunk

is used. Fices - One. Something left on the heater

Trade Secret

in room. It was on oil balance. ~~Used to~~

A mixture of products. This happened 4-5 years

ago. Air sampling - I've seen them out there

box and tube. Any one ask for results? No that

I know of. Hasn't heard about results from ER.

went to the Appendix F Questionnaire - see attached

sheet

IC 22-8-1-1-2

IC 22-8-1-1

IC 22-8-1-1

IC 22-8-1-1

STATEMENT (Affirmation continued)

Statement of _____

© 22-8-1.1-24.3

© 22-8-1.1-24.3

By placing my signature below and initials in various locations of this document, I am affirming that I made these statements to the CSHO whose signature is below and that I have read all of the statements in this document. Furthermore, I understand that it is a violation of Indiana Code § 22-8-1.1-37.1 to make a false statement, representation, or certification in any application, record, report, plan, or other document required pursuant to Chapter 1.1 of the Indiana Occupational Safety and Health Act (IOSHA).

I affirm under the penalties of perjury that the foregoing is a true and correct statement of the facts and circumstances concerning the alleged violation(s) and that the foregoing representations are true.

Signature: _____

9/28/11
Date (month, day, year)

Printed name of Compliance Officer: Donna Hughes

I affirm under the penalties of perjury that the foregoing is a true record of the testimony given by said deponent.

Signature of Compliance Officer: Donna Hughes

9/28/11
Date (month, day, year)

9/28/2011

Appendix F CSHO Guidance for Employee Interviews

This appendix contains some questions that may assist CSHOs during employee interviews. This is not a specific questionnaire, but these questions may help to assess possible health issues in employees in the flavoring manufacturing industry. The questions do not need to be asked verbatim, but the topics can guide the interview. It is very important to ask employees questions about a history of cough or breathing problems, and specifically ask if employees have ever been diagnosed with airways obstruction or bronchiolitis obliterans. Please be aware that the answers to some of these questions may contain privileged medical information, which must be maintained in such a manner as to ensure employee confidentiality. The CSHO should also inform the employee that he/she is not a medical professional and cannot provide medical advice, diagnosis, or treatment to the employee. The CSHO can provide the letter in Appendix B for the employee to take to his/her physician.

A. Smoking history:

1. Do you currently smoke or have you smoked in the past? (If yes, ask how many packs/day and how long has the employee smoked, and when did the employee quit.)

Occasion - don't buy 17-18 years has occasional

B. Eye and Skin Irritation

Ask the employee about eye and skin irritation, and ask if the employee associates any symptoms with workplace exposure. For example:

1. Since working at the plant, have you had any symptoms of eye irritation, such as watery eyes, red eyes, burning or itching eyes? *NO*
2. Is there any exposure at work that you associate with eye irritation? *NO*
3. Have you seen a doctor for eye irritation? (If yes, ask if employee was given a specific diagnosis). *NA*
4. Since working at this plant have you developed any skin problems, such as itching, rash, eczema, blisters, or burns? *NO*
5. Is there any exposure at work that you associate with skin problems?
6. Have you seen a doctor for skin problems? (If yes, ask if employee was given a specific diagnosis).

C. Respiratory Symptoms and History

Ask the employee about respiratory symptoms and ask if the employee associates any symptoms with workplace exposures. Be sure to specifically ask employees about breathing difficulty and coughing.

1. Do you usually have a cough? If yes, when did the cough start? *NO*
2. Have you seen a doctor for your cough? (If yes, ask if employee was given a specific diagnosis). *N/A*
3. Have you ever had any symptoms of wheezing when you breathe? If yes, when did the wheezing start? *Had some asthma as a child 20-30 years ago*
4. Have you seen a doctor for your wheezing? (If yes, ask if employee was given a specific diagnosis). *Diagnosed by doctor for childhood asthma*
5. Have you developed any trouble with your breathing, or do you ever feel short of breath? If yes, when did this start? *NO*
6. How often do you have trouble with your breathing? *NO*
7. Does it ever get completely better?
8. Do you have breathing trouble when walking up a slight hill, or going up a flight of stairs, or hurrying on level ground? (If yes, please have employee describe when they have breathing difficulty). *NO*
9. Have you seen a doctor for your breathing problems? (If yes, ask if employee was given a specific diagnosis).
10. Is there any exposure at work that you associate with any of your respiratory symptoms? *NO*

Ask employee if they have a history of any lung disease. Be sure to specifically ask about any diagnosis of airways obstruction and bronchiolitis obliterans.

1. Have you ever been diagnosed by a doctor with any lung or respiratory disease? For example: bronchitis, chronic bronchitis, pneumonia, emphysema, asthma, reactive airways disease.
2. If yes, what is your diagnosis and when were you diagnosed? *Doctor 1 time in 15 years*
3. If yes, are you currently seeing a physician for this condition? *Diagnosed as a teen*
NO
4. Have you ever been told by a doctor that you had airways obstruction or bronchiolitis obliterans? *NO*
5. Have you ever been told you had a lung disease or lung condition related to workplace exposures, including exposure to food flavorings containing diacetyl? *NO*

Ask employee about former co-workers who developed respiratory illnesses. *People left sick but don't know if it's because of something done.*

Document Request Form #2

Sensient Flavorings

IC
22-8-1-1
24-3

1. A detailed list of **ALL PRODUCTS, INTERMEDIATES AND OTHERWISE USED OR MANUFACTURED BY THE EMPLOYER** that contain any of the following food flavorings and/or chemicals:


Trade Secret



Trade Secret



22-8-1-24
3

2. Quantities and percentages for each of the chemicals (ingredients) listed in Item 1 **FOR EACH PRODUCT, INTERMEDIATES AND OTHERWISE USED OR MANUFACTURED BY THE EMPLOYER** (For Example: Trade Secret  Also, need to know which form(s) (powder, liquid, etc.) these ingredients are used in each product, intermediate(s) and otherwise.

3. List of which area(s) these products are manufactured including which shift(s) they are or could be manufactured on.



STATEMENT
INDIANA DEPARTMENT OF LABOR
INDIANA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

I, [redacted] reside at [redacted] in the City of [redacted]
County of [redacted] State of [redacted] ZIP code [redacted]
My telephone number is (area code) [redacted]
I have been employed by [redacted]
located at [redacted]
(number and street, city, state and ZIP code)
office telephone (area code) [redacted]
My job classification is/was [redacted]

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I hereby dispose and say:

Attng this morning I'd as [redacted] Trade Secret
was walking around. Talked to a few people and talked
to me too. Asked How long have been working here.
At I had my safety concerns. Have you worked with
[redacted] Attng spoke to one or two individuals
and to see "Have you talked to OSHA the other day"
Asked if you had respiratory problems- Told him what I told
g'all- Wouldn't know. Other two - couldn't see was up
high and they walked off out of sight. (D) [redacted]

STATEMENT (Affirmation continued)

Statement of _____

STATEMENT (Affirmation continued)

Statement of _____

STATEMENT (Affirmation continued)

Statement of _____

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I affirm under the penalties of perjury that the foregoing is a true and correct representation of the facts.

Signature: _____

10-4-11
Date (month, day, year)

Printed name of Compliance Officer: Donna Jacques

I affirm under the penalties of perjury that the foregoing is a true record of the testimony given by said deponent.

Signature of Compliance Officer: Donna Jacques

10-4-2011
Date (month, day, year)



STATEMENT
INDIANA DEPARTMENT OF LABOR
INDIANA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

I, [REDACTED] at
[REDACTED] in the City of [REDACTED]
County [REDACTED] State of [REDACTED] ZIP [REDACTED]
My telephone number is (area code) [REDACTED]
I have been employed by Sonserv
located at _____
(number and street, city, state and ZIP code)
office telephone (area code) () _____
My job classification is/was Compounder [REDACTED] years

THIS STATEMENT IS A PUBLIC RECORD AND AS SUCH IS COVERED UNDER STATUTES AND RULES ASSOCIATED WITH THE ACCESS TO PUBLIC RECORDS ACT (APRA). THIS STATEMENT IS SUBJECT TO RELEASE UNDER APRA AND IS NOT CONSIDERED A CONFIDENTIAL DOCUMENT.

[REDACTED] hereby dispose and say: MDA's are located on the computer.
I wear a respirator when I have to face shield and
rubber gloves, apron. Need to wear respirator when dispensing
certain products. We have a list on the board
that says that you have to wear a respirator when
you dispense these materials. No health problems
while on the job. Have been working with some of
the chemicals (on the Doc Request Form #7) for [REDACTED] years
and I am fine. Air sampling/monitoring done in
my area. I have worn a pump - 2 or 3 weeks ago.
Phonetic around the results and I'm not
concerned regarding the results. Respirator
fit test once a year now they are doing this twice a
year - they have been doing a lot of things.

STATEMENT (Affirmation continued)

Statement of

has daily. I used a spirometer. Methuist provides the spirometer testing. They provide the results. Methuist also does fit test, blood pressure. I work with flammables every day. I make the batches and move liquids from smaller to larger containers. When I have these air clamps that connect to the metal part of the tank and that goes on the drum. I don't know if work. - I don't make Trade Secret like do, pour Trade Secret on IC 22-8-1-1 shift. I compound the whole batch the large one Trade Secret and then Trade Secret is added in the Trade Secret room and then the water goes to Trade Secret. The larger tanks have someone come to the tanks to add the Trade Secret

IC 22-8-1-1-24
3

IC 22-8-1-1-24-3

Appendix F
CSHO Guidance for Employee Interviews

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A. Smoking history: *Yes, packs less than a pack*

1. Do you currently smoke or have you smoked in the past? (If yes, ask how many packs/day and how long has the employee smoked, and when did the employee quit.)

B. Eye and Skin Irritation

Ask the employee about eye and skin irritation, and ask if the employee associates any symptoms with workplace exposure. For example *NO*

1. Since working at the plant, have you had any symptoms of eye irritation, such as watery eyes, red eyes, burning or itching eyes? *N/A*
2. Is there any exposure at work that you associate with eye irritation? *Sometimes with fumes - not because of chemicals - just from being close*
3. Have you seen a doctor for eye irritation? (If yes, ask if employee was given a specific diagnosis). *N/A*
4. Since working at this plant have you developed any skin problems, such as itching, rash, eczema, blisters, or burns? *NO*
5. Is there any exposure at work that you associate with skin problems? *Cold water dries out my hands.*
6. Have you seen a doctor for skin problems? (If yes, ask if employee was given a specific diagnosis). *NO*

C. Respiratory Symptoms and History

Ask the employee about respiratory symptoms and ask if the employee associates any symptoms with workplace exposures. Be sure to specifically ask employees about breathing difficulty and coughing.

1. Do you usually have a cough? If yes, when did the cough start? *NO - coughing from cold*
2. Have you seen a doctor for your cough? (If yes, ask if employee was given a specific diagnosis). *NO*
3. Have you ever had any symptoms of wheezing when you breathe? If yes, when did the wheezing start? *NO*
4. Have you seen a doctor for your wheezing? (If yes, ask if employee was given a specific diagnosis). *NO*
5. Have you developed any trouble with your breathing, or do you ever feel short of breath? If yes, when did this start? *NO*
6. How often do you have trouble with your breathing? *N/A*
7. Does it ever get completely better? *N/A*
8. Do you have breathing trouble when walking up a slight hill, or going up a flight of stairs, or hurrying on level ground? (If yes, please have employee describe when they have breathing difficulty). *NO*
9. Have you seen a doctor for your breathing problems? (If yes, ask if employee was given a specific diagnosis). *N/A*
10. Is there any exposure at work that you associate with any of your respiratory symptoms? *NO*

Ask employee if they have a history of any lung disease. Be sure to specifically ask about any diagnosis of airways obstruction and bronchiolitis obliterans.

1. Have you ever been diagnosed by a doctor with any lung or respiratory disease? For example: bronchitis, chronic bronchitis, pneumonia, emphysema, asthma, reactive airways disease. *NO*
2. If yes, what is your diagnosis and when were you diagnosed? *N/A*
3. If yes, are you currently seeing a physician for this condition? *N/A*
4. Have you ever been told by a doctor that you had airways obstruction or bronchiolitis obliterans? *NO*
5. Have you ever been told you had a lung disease or lung condition related to workplace exposures, including exposure to food flavorings containing diacetyl? *NO*

Ask employee about former co-workers who developed respiratory illnesses. NO

STATEMENT (Affirmation continued)

Statement of _____

IC 22-8-1.1-24.3

IC 22-8-1.1-24.3

By placing my signature below and initials in various locations of this document, I am affirming that I made these statements to the CSHO whose signature is below and that I have read all of the statements in this document. Furthermore, I understand that it is a violation of Indiana Code § 22-8-1.1-37.1 to make a false statement, representation, or certification in any application, record, report, plan, or other document required pursuant to Chapter 1.1 of the Indiana Occupational Safety and Health Act (IOSHA).

I affirm _____ as foregoing representations are true.

Signature _____

1-18-12
Date (month, day, year)

Printed name of Compliance Officer: Donna Jacques

I affirm under the penalties of perjury that the foregoing is a true record of the testimony given by said deponent.

Signature of Compliance Officer: (Donna Jacques)

1/18/2012
Date (month, day, year)

STATEMENT (Affirmation continued)

Statement of _____

DS

IC 22-8-1.1-24.3

Document Request Form #2

Sensient Flavorings

1. A detailed list of ALL PRODUCTS, INTERMEDIATES AND OTHERWISE USED OR MANUFACTURED BY THE EMPLOYER that contain any of the following food flavorings and/or chemicals:

Trade Secret



2. Quantities and percentages for each of the chemicals (ingredients) listed in Item 1 FOR EACH PRODUCT, INTERMEDIATE AND OTHERWISE USED OR MANUFACTURED BY THE EMPLOYER (For Example: Trade Secret per Batch). Also, need to know which forms (powder, liquid, etc.) these ingredients are used in each product, intermediate(s) and otherwise.

3. List of which area(s) these products are manufactured including which shift(s) they are or could be manufactured on.

Document Request Form #2

Sensient Flavorings

IC
22-8-1.1-
24-3

1. A detailed list of ALL PRODUCTS, INTERMEDIATES AND OTHERWISE USED OR MANUFACTURED BY THE EMPLOYEE that contain any of the following food flavors and/or chemicals:

Trade Secret

2. Quantities and percentages for each of the chemicals (ingredients) listed in Item 1 FOR EACH PRODUCT, INTERMEDIATE AND OTHERWISE USED OR MANUFACTURED BY THE EMPLOYEE. (For Example: Trade Secret) also, need to know which form(s) (powder, liquid, etc.) these ingredients are used in each product, intermediate(s) and otherwise.
3. List of which area(s) these products are manufactured including which shift(s) they are or could be manufactured on.

1/1/2012

2-1-12

Appendix F
CSHO Guidance for Employee Interview

This appendix contains some questions that may assist CSHOs during employee interviews. This is not a specific questionnaire, but these questions may help to assess possible health issues in employees in the flavoring manufacturing industry. The questions do not need to be asked verbatim, but the topics can guide the interview. It is very important to ask employees questions about a history of cough or breathing problems, and specifically ask if employees have ever been diagnosed with airways obstruction or bronchiolitis obliterans. Please be aware that the answers to some of these questions may contain privileged medical information, which must be maintained in such a manner as to ensure employee confidentiality. The CSHO should also inform the employee that he/she is not a medical professional and cannot provide medical advice, diagnosis, or treatment to the employee. The CSHO can provide the letter in Appendix B for the employee to take to his/her physician.

A. Smoking history:

1. Do you currently smoke or have you smoked in the past? (If yes, ask how many packs/day and how long has the employee smoked, and when did the employee quit) *No*
Never smoked cigarettes, never cigars

B. Eye and Skin Irritation

Ask the employee about eye and skin irritation, and ask if the employee associates any symptoms with workplace exposure. For example:

1. Since working at the plant, have you had any symptoms of eye irritation, such as watery eyes, red eyes, burning or itching eyes? *No*
2. Is there any exposure at work that you associate with eye irritation? *No*
3. Have you seen a doctor for eye irritation? (If yes, ask if employee was given a specific diagnosis). *NA*
4. Since working at this plant have you developed any skin problems, such as itching, rash, eczema, blisters, or burns? *No*
5. Is there any exposure at work that you associate with skin problems? *No*
6. Have you seen a doctor for skin problems? (If yes, ask if employee was given a specific diagnosis). *No*

C. Respiratory Symptoms and History

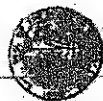
Ask the employee about respiratory symptoms and ask if the employee associates any symptoms with workplace exposures. Be sure to specifically ask employees about breathing difficulty and coughing.

1. Do you usually have a cough? If yes, when did the cough start? *Sometimes I do. I've been doing it for years, on and off. About the 1st 3 yrs certain.*
2. Have you seen a doctor for your cough? (If yes, ask if employee was given a specific diagnosis). *Yes. I had trouble breathing and went to the hospital. Trade Secret*
3. Have you ever had any symptoms of wheezing when you breathe? If yes, when did the wheezing start? *Sometimes. It started about 7 years ago. I told them about 4 1/2 years ago.*
4. Have you seen a doctor for your wheezing? (If yes, ask if employee was given a specific diagnosis). *I talked to the doctor about the wheezing when I asked about the coughing. I found out that I had high blood pressure. Doctor told me to put on a dust mask when I dump powders.*
5. Have you developed any trouble with your breathing, or do you ever feel short of breath? If yes, when did this start? *Yes, I have shortness of breath. It started about seven years ago - something like that.*
6. How often do you have trouble with your breathing? *When I mess with the powders and don't wear a mask (dust mask).*
7. Does it ever get completely better? *I take high blood pressure medicine when I take it I can tell that there is a problem with breathing.*
8. Do you have breathing trouble when walking up a slight hill, or going up a flight of stairs, or hurrying on level ground? (If yes, please have employee describe when they have breathing difficulty). *Not really.*
9. Have you seen a doctor for your breathing problems? (If yes, ask if employee was given a specific diagnosis). *When the doctor comes test is failed. Every year failed.*
10. Is there any exposure at work that you associate with any of your respiratory symptoms? *The items circled on Appendix Document Request #2.*

Ask employee if they have a history of any lung disease. Be sure to specifically ask about any diagnosis of airways obstruction and bronchiolitis obliterans.

1. Have you ever been diagnosed by a doctor with any lung or respiratory disease? For example, bronchitis, chronic bronchitis, pneumonia, emphysema, asthma, reactive airways disease. *When I was younger.*
2. If yes, what is your diagnosis and when were you diagnosed? *see #1*
3. If yes, are you currently seeing a physician for this condition? *NO*
4. Have you ever been told by a doctor that you had airways obstruction or bronchiolitis obliterans? *NO*
5. Have you ever been told you had a lung disease or lung condition related to workplace exposures, including exposure to food flavorings containing diacetyl? *NO*

Ask employee about former co-workers who developed respiratory illnesses. *NO*



STATEMENT
INDIANA DEPARTMENT OF LABOR
INDIANA OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

I, [REDACTED], reside at

County of [REDACTED] State of [REDACTED] In the City of [REDACTED]
ZIP code [REDACTED]

My telephone number is (area code) [REDACTED]

I have been employed by Seishest

located at 5600 West Raymond

(number and street, city, state and ZIP code)

office telephone (area code) (317) 243-4354

My job classification is/was Compounder

THIS STATEMENT IS A PUBLIC RECORD AND AS SUCH IS COVERED UNDER STATUTES AND RULES ASSOCIATED WITH THE ACCESS TO PUBLIC RECORDS ACT (APRA). THIS STATEMENT IS SUBJECT TO RELEASE UNDER APRA AND IS NOT CONSIDERED A CONFIDENTIAL DOCUMENT.

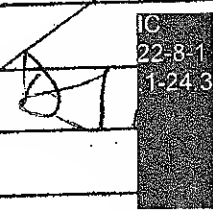
I hereby dispose and ~~secrete~~ Trade Secret I don't dispense any more. They stopped me two years ago.

See Appendix F Questionnaire.

Spirometry is done twice a year Jan & Aug. I fail the test
I told the doc that I can't do this. They fail me on the
bus and then they send me across the street to the clinic (Muthurst)
and test - I don't pass it there - and then they return me
to work. At the clinic a doctor comes in to check me out.
One doctor told me to lose weight and get in shape. Another guy
told me that it could be my weight. Those doctors didn't
say that failing the test was due to work.
The doctors didn't tell me what caused me to fail the test.
They gave me medicine for high blood pressure. The doctors
have listened to my lungs & EKG - doctors say that

STATEMENT (Affirmation continued)

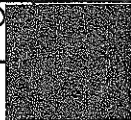
Statement of [REDACTED] everything is alright. I haven't asked the doctors to explain. I only wear a dust mask. We just got the respirators - we didn't. A Methodist has approved me to wear a respirator - has done everything. I know that I was one of the worse on the [REDACTED] spirometry. They didn't tell me what type of respirator to wear. I ^{was issued} ~~was~~ a full face respirator it's in my locker. The employer issued me one. Since they started dispense it. I have worn my respirator before. I was okay when I wore it. The clinic ~~doesn't~~ didn't ^{IC 22-8-1.1 24.3} give me an envelop. ^{IC 22-8-1.1 24.3}

 ^{IC 22-8-1.1 1-24.3}

STATEMENT (Affirmation continued)

Statement of _____

DA



STATEMENT (Affirmation continued)

Statement of _____

By placing my signature below and initials in various locations of this document, I am affirming that I made these statements to the CSHO whose signature is below and that I have read all of the statements in this document. Furthermore, I understand that it is a violation of Indiana Code § 22-8-1.1-37.1 to make a false statement, representation, or certification in any application, record, report, plan, or other document required pursuant to Chapter 1.1 of the Indiana Occupational Safety and Health Act (IOSHA).

I affirm under the penalties of perjury that the foregoing representations are true.

Signature

2-1-12
Date (month, day, year)

Printed name of Compliance Officer:

Donna Jaglo

I affirm under the penalties of perjury that the foregoing is a true record of the testimony given by said deponent.

Signature of Compliance Officer:

Donna Jaglo

2/1/12
Date (month, day, year)